



Timetable

Application Open	April 29, 2022
Application Due	Applications will be accepted on a rolling basis until all funds are dispersed.
Anticipated Award Notification	30-45 days from receipt of application
Application Questions	Applicants should submit all questions about this RFA to: movingforwardtogethergrant@dhs.wisconsin.gov .

Overview

The State of Wisconsin recognizes that community-based organizations and other trusted messengers are experts in their communities' needs. They are therefore best positioned to address concerns and barriers related to promoting acceptance of and access to COVID-19 vaccination, especially among historically sidelined and underserved communities. It comes as no surprise that the COVID-19 pandemic has demonstrated in real-time that traditionally neglected populations and communities suffer more at the hands of this disease than others. According to the Wisconsin Department of Health Services (DHS), state and national data both show that throughout the pandemic, Hispanic, Black, American Indian, and Asian/Pacific Islander communities have experienced higher rates of infection, hospitalization, and death. Compared to white Wisconsin residents, Hispanic populations are 1.2 times more likely to acquire COVID-19. Black residents are 1.8 times more likely to be hospitalized, and American Indian residents are 1.3 times more likely to die.

Vaccination rates continue to be low in communities of color, with Black residents 30% less likely to be vaccinated than white residents. Additionally, racial and ethnic minority groups* and people living in rural communities have disproportionate rates of chronic diseases, which increases the severity of COVID-19 infection. They are more likely to experience barriers to accessing vaccinations, testing, and treatment. The safe, efficient, and equitable distribution of the COVID-19 vaccine can only be successful through developing and nurturing meaningful relationships with partners. This includes investing resources in communities that reflect health inequities and barriers related to social determinants of health.

To address inequities, the ***Moving Forward Together Grant Program*** will build on lessons learned from similar grant opportunities, and insights we have gathered from partners and residents across the state. This grant program will further explore and work to overcome structural inequities, lift communities disproportionately impacted by the pandemic, and continue to engage existing trusted messengers. These trusted messengers will provide health education and COVID-19 vaccination efforts as the state transitions from an emergency pandemic response into a recovery and endemic phase.

**Disclaimer: The State of Wisconsin acknowledges that the racial and ethnic terminology being used may not be inclusive or representative of many community members. This language was used to align with data and information obtained from the Wisconsin Department of Health Services and the Centers for Disease and Control Prevention.*



Opportunity

Supported by DHS, this funding award seeks to empower communities to remove barriers and promote acceptance of COVID-19 vaccines, especially for communities that face challenges accessing medical care or people who have historical trauma and mistrust of government agencies, the medical community, and/or vaccines due to past breaches in relationships. The awarded organizations will build upon new and/or existing relationships in the community and will use new strategies or adapt existing ones to meet the unique identified needs. Grantees will use culturally, linguistically, and locally tailored strategies to:

- Build and maintain relationships of respect and cultivate trust.
- Strengthen data availability and quality for communities' planning and analysis.
- Use asset-based community development strategies and build community capacity to encourage community leaders to become public health decision-makers and policy advocates.
- Co-create culturally and linguistically diverse media, outreach and education.

To identify communities that are ready and committed to engaging in this work, DHS puts forward the following shared principles for this grant award:

- Interest in building trust from shared values.
- Commitment to approaching problems with promising and community-based practices as well as evidence-based practices.
- Value for community partnerships and listening to the needs of the community to determine paths forward.
- Interest in authentic partnership building.
- Interest in mutual learning and operating from a place of curiosity and humility.
- Commitment to addressing barriers, root causes of inequities, and building community resilience for more equitable systems.

By increasing knowledge of and access to COVID-19 vaccines, community outreach activities will facilitate improvements in COVID-19 vaccination rates and increase vaccination uptake for marginalized and other vaccine-hesitant individuals.



Eligibility

Eligible organizations must be based in and conduct their proposed community outreach project in Wisconsin, **and** be one of the following:

- Licensed residential, community-based care, or long-term care facility, including independent living facility, assisted living center, nursing home, adult day care center, etc.
- Early childhood education center or daycare facility
- College, university, K-12 school, or district
- Church or religious group
- Local or tribal community-based organization
- Organization or business that employs critical workforce
- Non-traditional provider or location that serves high-risk populations
- A non-profit entity certified as a 501(c)(3) by the federal Internal Revenue Service
- Project sponsored by another 501(c)(3) organization
- Other partner that serves underserved populations

Eligible organizations may not discriminate based on race, ethnicity, religion, sex, sexual orientation, gender identity/expression, age, or national origin in their staffing policies, use of volunteers, or provision of services.

Funding

Awards of up to \$400,000 are available through this opportunity. **Project expenses will be eligible for reimbursement with this funding from the notice of award through 11/30/2022.** Extensions may be granted with prior approval. Applicants will be awarded based on available funding and application scores as determined by a review panel. Should additional funding become available at any point during the grant period, DHS reserves the right to use the results of this competitive application process to increase funding to selected agencies, or to fund additional agencies that applied but were not funded originally. **DHS also reserves the right to award grants for less than an applicant's proposed amount.**

Mutual Commitments

Grantee Commitments

- Submit two quarterly reports on 7/15/2022 and 10/15/2022.
- **Prepare and submit expense reports monthly (you must submit monthly even if you have no expenses for that month). A template will be provided after award notification.**
- **Submit a final report on activities, success stories, and lessons learned.**
- **Provide a document of ideas for potential action to further advance health equity in the community(ies) served by 12/15/2022.**
- Use resources shared on the *Grantee SharePoint*.
- Use (or adapt, as needed) science-based information provided by DHS.
- Uphold public health practices and trauma-informed approaches in carrying forth this work.
- Use culturally competent messaging and services.
- Respond to requests for information/activity from DHS.
- Inform DHS about the progress, impacts, and outcomes of the effort.
- Solicit technical assistance and support from DHS to ensure accurate information.



- Outreach materials, including existing materials translated into additional languages, created with this award, are to be made available publicly for use with other communities and other areas of the state, as applicable.

DHS Commitments

- Provide funding for efforts to enhance awareness, accessibility, and access to COVID-19 vaccination.
- Provide technical assistance on credible public health practices and the COVID-19 vaccination program.
- Respond to requests for information/activity from grantees.

Use of Funds

As inequitable vaccination rates persist across the state, it is critical to continue supporting community-level efforts that will disseminate accurate information about the COVID-19 vaccines, address individual concerns, and eliminate barriers to vaccine access.

This program will fund activities in Wisconsin focused on increasing knowledge and awareness of the COVID-19 virus and vaccines, addressing misinformation, decreasing vaccine hesitancy, and decreasing barriers to accessing the COVID-19 vaccine.

Funds will not be distributed in advance for project expenses, but on a reimbursement basis through this grant program. The following is a list of allowable and unallowable project expenses.

Examples of Allowable Expenses

- Personnel (i.e., salary/wages, fringe benefits)
- Travel (in-state only; includes mileage, fuel, lodging, and vehicle rental; excludes per diem)
- Leases or rentals (vehicles, spaces, or storage)
- Supplies (i.e., office resources, community outreach materials, tangible property – laptops, computer software, telecommunications, printers, etc.)
- Contractual costs (i.e., staffing/contractors and fee for service)
- Expenses related to the direct administration of COVID-19 vaccines (i.e., clinic-related expenses such as bandages, disinfecting wipes, or sanitizing products; gloves or eyewear; sharps disposal containers; oximeters, stethoscopes, blood pressure monitors, or defibrillators/AEDs; partition screens)
- Infrastructure needs that support testing as well as vaccination operations (i.e., staff, contractors, call centers, storage, space, etc.)
- Indirect expenses and the 10% de minimis rate are allowable expenses. Please contact dhscovidinvoicing@dhs.wisconsin.gov for further guidance.
- Other direct costs related to translation, production, and printing services
- Incentives:
 - may only be purchased for those receiving vaccines, not for participation in educational or outreach events
 - must be no more than \$100 in total per person
 - cannot be branded with an external organization's logo; branding outside of COVID-19 messaging is unallowable
 - cannot be cash



- may be used for gift cards (store vouchers or generic gift cards are allowable incentives, including those for grocery stores)
 - please note that gift cards are considered a cash equivalent and should adhere to the guidelines found in the [DHS APP Manual: Section 2- Cash and Cash Equivalents](#)

- gift cards cannot be:

Gift cards and vouchers are an allowable participant incentive, however, there are restrictions. Gift cards and vouchers cannot be used to purchase unallowable items, and this must be documented in a written agreement with the gift card vendor.

- Gift cards may not:
 - be associated with entertainment (i.e., movies, games, lottery)
 - redeemable for cash
 - used to purchase tobacco, alcohol, or firearms
 - purchased for use at restaurants
 - transferred by recipient to other parties
- Additional information on incentives can be found in the [HHS GPS, Sections II-34](#) (Page 86) and here: [45 CFR 75.438](#).

Examples of Unallowable Expenses

- Capital purchases (vehicles and property)
- Reimbursement of pre-award costs
- Funding advocacy or lobbying efforts
- Stipends and honoraria
- Research
- Food, beverages, and meals for use at vaccination efforts/events and/or for travel

Please note the expenses above have been determined by the funding requirement of this program. If there are any changes to expenses listed above as allowable or unallowable, all applicants will be notified.



Debarment and Suspension Guidance

Please complete the [Debarment and Suspension form](#) to attest that your organization is not disbarred or suspended. If you do not yet have a DUNS number, we encourage you to apply for one. However, in the interim, you can fill in any 9-digit number under the “DUNS Number” spot - for example “000000000.” This will allow you to complete the form. **Under the section “DHS Program or Project Point of Contact,” please enter the following inbox:** MovingForwardTogetherGrant@dhs.wisconsin.gov.

Audit Requirements

Organizations that receive an award in the amount of \$100,000 or more, are required to submit an audit no later than nine months from the end of your organization’s fiscal year or 30 days following the completion of the contract period, whichever is sooner.

All audits should be sent to the following inbox: DHSAuditors@Wisconsin.gov.

DHS may waive the audit requirement for agencies on a case-by-case basis. An audit waiver may be granted based on several factors, including:

- the contract or grant amount is relatively small
- the audit cost is burdensome to the agency
- an alternative form of monitoring is available
- the agency’s level of risk is low as assessed by the purchasing agency.

All case-by-case waiver requests require approval from DHS. Generally, DHS will not grant an agency’s audit waiver request if it occurs after the start of the contract period unless extenuating circumstances exist.

Risk Assessments

In accordance with [2 CFR 200.208-Specific Conditions](#), your organization will be subject to a risk assessment prior to any award made on behalf of DHS involving federal funding. The purpose of this assessment, which is an internal document used to monitor awards, is to ensure that your organization has the appropriate financial accounting and management systems in place. This assessment will be rated based on the following: *low, medium, or high risk*.

The review of this assessment will cover details of your organization including but not limited to the following: financial stability, management and system standards, history of performance, audit reports and findings, and the ability to effectively implement requirements.

Applicants with ratings of medium and high risk will be required to comply with additional terms and conditions outlined in the [2 CFR 200.208-Specific Conditions](#).

Results of this assessment will be included in the official award package with further guidance. Please do not request the results of this assessment prior to your organization receiving an official award package.



Application

Submission

Applications will be accepted on a rolling basis until all funds are dispersed. Applicants should complete the online form found [here](#) in order to be considered. Applicants will receive an email confirming receipt of submission.

Feel free to utilize the form on pages 9-13 to draft your responses prior to final submission. Once started, the entire form must be completed. The [online form](#) will not save applicant answers prior to submission.

Review

All applications will be subject to an initial technical review for completeness and adherence to RFA specifications and requirements. Reviewers with knowledge of health equity, community outreach, public health, health care, and/or immunizations will independently evaluate and score applications. Applications that fail the initial review will receive no further consideration. DHS will make awards to applicants who demonstrate the ability to perform successfully under the terms and conditions of this RFA.

Qualified applications will reflect the following:

- are culturally competent
- can be started within one month of the award
- comply with public health guidance about COVID-19
- are capable of increasing knowledge and awareness of COVID-19 vaccines
- serve and/or can reach many marginalized people or those belonging to marginalized communities
- demonstrate an understanding of the target population, barriers faced, and ways to advance racial/economic/geographic equity
- demonstrate experience working within the identified population(s)/community(ies)
- use a collaborative approach
- organizational staff will reflect the communities they serve

DHS reserves the right to reject all submissions. DHS also reserves the option to hold discussions with an agency about their application for clarification purposes. If discussions are conducted, an applicant may be invited to modify their application as needed.



Moving Forward Together Grant Application Form

Note: This document is for drafting responses only.

Please use the online form found [here](#) to submit your final application.

Organization Information

- **Organization Name:** *
- **Contact Name:** *
- **Role/Title:**
- **Contact Email:** *
- **Contact Phone:** *
- **Grant Administrator (individual(s) responsible for ensuring all steps in the grant administration process are completed, including drafting grant language, negotiating grant terms, and monitoring the granted entity's performance):** *
- **Grant Administrator's Phone Number:** *
- **Grant Administrator's Email Address:** *
- **Authorized Representative (the individual(s), named by the applicant/recipient organization, who is authorized to act for the applicant/recipient and to assume the obligations imposed by the federal laws, regulations, requirements, and conditions that apply to grant applications or awards):** *
- **Authorized Representative's Phone Number:** *
- **Authorized Representative's Email Address:** *
- **Fiscal Agent's Organization:** *
- **Fiscal Agent's Contact Name:** *
- **Fiscal Agent's Phone Number:** *
- **Fiscal Agent's Email Address:** *
- **Mailing Address***
 - Address (street address or P.O. Box)
 - City
 - State
 - Zip
- **Street Address (if different than mailing address)**
 - Address (street address or P.O. Box)
 - City
 - State
 - Zip
- **Website (if applicable):**
- **Social media page (if applicable):**
- **Is your organization a current or previous Vaccination Community Outreach grantee?** *
 - ☐ Yes
 - ☐ No



Additional Organization Information

Year Organization/Program Established:

Total Annual Organizational/Program Budget: \$

Type of Organization*

- ☐ Licensed residential, community-based care, or long-term care facility, including independent living facility, assisted living center, nursing home, adult daycare center, etc.
- ☐ Early childhood education center or daycare facility
- ☐ College, university, K-12 school, or district
- ☐ Church or religious group
- ☐ Local or tribal community-based organization
- ☐ Organization or business that employs a critical workforce
- ☐ Non-traditional provider or location that serves high-risk populations
- ☐ Non-profit entity certified as a 501(c)(3) by the federal Internal Revenue Service
- ☐ Project sponsored by another 501(c)(3) organization
- ☐ Other partner that serves underserved populations

Project Proposal

- **Which of the following categories describe the population(s) your project will focus on? ***

The following list is not designed to be comprehensive, nor are grant recipients limited to populations fitting these categories. If the population(s) you will work with is/are not listed below, please select "other" and describe. Please select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> African American/ Black | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Farm Workers |
| <input type="checkbox"/> Frontline or Supply Chain Workers | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Homebound | <input type="checkbox"/> Houseless/Housing Insecure |
| <input type="checkbox"/> Immigrants/Refugees | <input type="checkbox"/> Individuals with Disabilities |
| <input type="checkbox"/> Latinx and Hispanic | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Low Literacy |
| <input type="checkbox"/> Migrant Workers | <input type="checkbox"/> Rural Populations |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Other <i>(please describe)</i> |

- **Where will your project efforts be focused (geographically)? ***

- ☐ One or multiple counties
Please list the counties you will be serving:
- ☐ One or multiple Tribal Nations
Please list the Tribal Nations you will be serving:
- ☐ One or multiple cities
Please list the cities you will be serving:
- ☐ The whole state

- **Briefly describe your request for funding. How will it provide timely and accurate information to promote COVID-19 vaccination among high-risk and underserved populations, including racial and ethnic minority populations and rural communities? (500 words or less). ***



- Please describe the existing barriers faced by the intended population(s) for your activities (indicated above), and how these barriers will be addressed through this project. *(500 words or less).* *
- Briefly describe your organization's unique qualifications to advance this work in the identified community(ies), including your experience implementing culturally competent services and programs, building relationships, and partnering with community members. *(500 words or less).* *
- Please briefly describe your planned project activities and milestones through November 30, 2022. *(500 words or less)* *
- Describe how you will work with existing partners or develop new partnerships in the community to connect with the target population(s). *(250 words or less).* *
- If known, please list any organizations you intend to collaborate with and their intended role(s) for this project.
- Does your organization intend to offer sub-awards with this funding? *
 - ☐ Yes
 - ☐ No *(if no, please skip the following two questions)*
- List any organizations identified for sub-awards with this funding, or your plan for identifying sub-awardees.
- Detail any criteria that will be used for making and monitoring sub-awards. *(125 words or less).*



Budget

List and provide a justification for all expenses in as much detail as possible. Categories may include personnel, travel, supplies and equipment, incentives, and miscellaneous costs. Please upload your budget and expense form to the [online application](#). A template can be found on the public notice site.

Category	Item/Description	Quantity	Amount
Salary			
Fringe Benefits			
Incentives (if applicable; if providing, please complete incentive section)			
Audit (if applicable)			
Travel			
Equipment			
Supplies			
Other Direct Costs			
Total:			

- Is your organization receiving any additional funding to support this project? *
 - ☐ Yes
 - ☐ No
- If yes, please provide additional details on the funding source and project.
- What is the anticipated additional funding amount?
- Does your organization intend to purchase incentives with this funding? *
 - ☐ Yes
 - ☐ No



Proposed Incentives

- **Which incentive type(s) does your organization intend to provide?**

Gift Cards or Vouchers

- ☐ Bus passes
- ☐ Chain store gift cards
- ☐ Fuel gift cards
- ☐ Grocery store vouchers
- ☐ Barber/beauty vouchers
- ☐ Parking vouchers or validation
- ☐ Visa gift cards
- ☐ Other local business coupon or gift card. Please list business name and type. Restaurant vouchers are unallowable.

Items

- ☐ T-shirts, and/or hats branded with COVID-19 vaccine messaging
- ☐ Bags (tote, fanny packs, or backpacks) branded with COVID-19 vaccine messaging
- ☐ Water bottles branded with COVID-19 vaccine messaging
- ☐ Stickers branded with COVID-19 vaccine messaging
- ☐ Other item(s) branded with COVID-19 vaccine messaging

Defined Amount and Description

Provide a brief description of the proposed incentive(s) and the total amount budgeted per type of incentive(s) from the list above. *

Incentive Type	Description	Amount

Incentive amount total: *

Justification

- **Briefly describe why incentives are necessary for your proposed project. (125 words or less).**

Anticipated Outcomes

- **How will providing the incentive(s) increase COVID-19 vaccination rates? (125 words or less).**

Qualifications for Issuance

- **What makes a person eligible for the incentive(s)? (Select all that apply)**
 - ☐ Individuals are eligible when receiving their first dose of a COVID-19 vaccine.
 - ☐ Individuals are eligible when completing their vaccination series (second dose of Pfizer or Moderna, or single dose of Janssen).
 - ☐ Individuals are eligible when they receive a first or second booster dose (or an additional dose for an immunocompromised individual).

Regardless of dose, individuals are only eligible for a maximum incentive of \$100 per person.

Method of Issuance and Tracking

- **Briefly describe how your organization will ensure that incentives comply with federal and state requirements, as listed above under 'Examples of Allowable Expenses' (125 words or less).**

